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**CONFIRMATION NO. 1205**

<b>SERIAL NUMBER</b> 09/824,602	<b>FILING DATE</b> 04/02/2001  <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 82297WFN						
<b>APPLICANTS</b> Susan S. Young, Buffalo, NY;										
<b>** CONTINUING DATA *****</b> <div style="text-align: right; margin-right: 50px;"><i>NONO W1</i></div>										
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: right; margin-right: 50px;"><i>NONO W1</i></div>										
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 05/10/2001</b>										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <i>[Signature]</i>            Examiner's Signature         </div> <div style="width: 20%; text-align: center;"> <i>W1</i>            Initials         </div> </div>	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 7						
<b>ADDRESS</b> Thomas H. Close Patent Legal Staff Eastman Kodak Company 343 State Street Rochester ,NY 14650-2201										
<b>TITLE</b> Method for improving breast cancer diagnosis using mountain-view and contrast-enhancement presentation of mammography										
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> All Fees</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Credit</td> </tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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